

FIG. 1

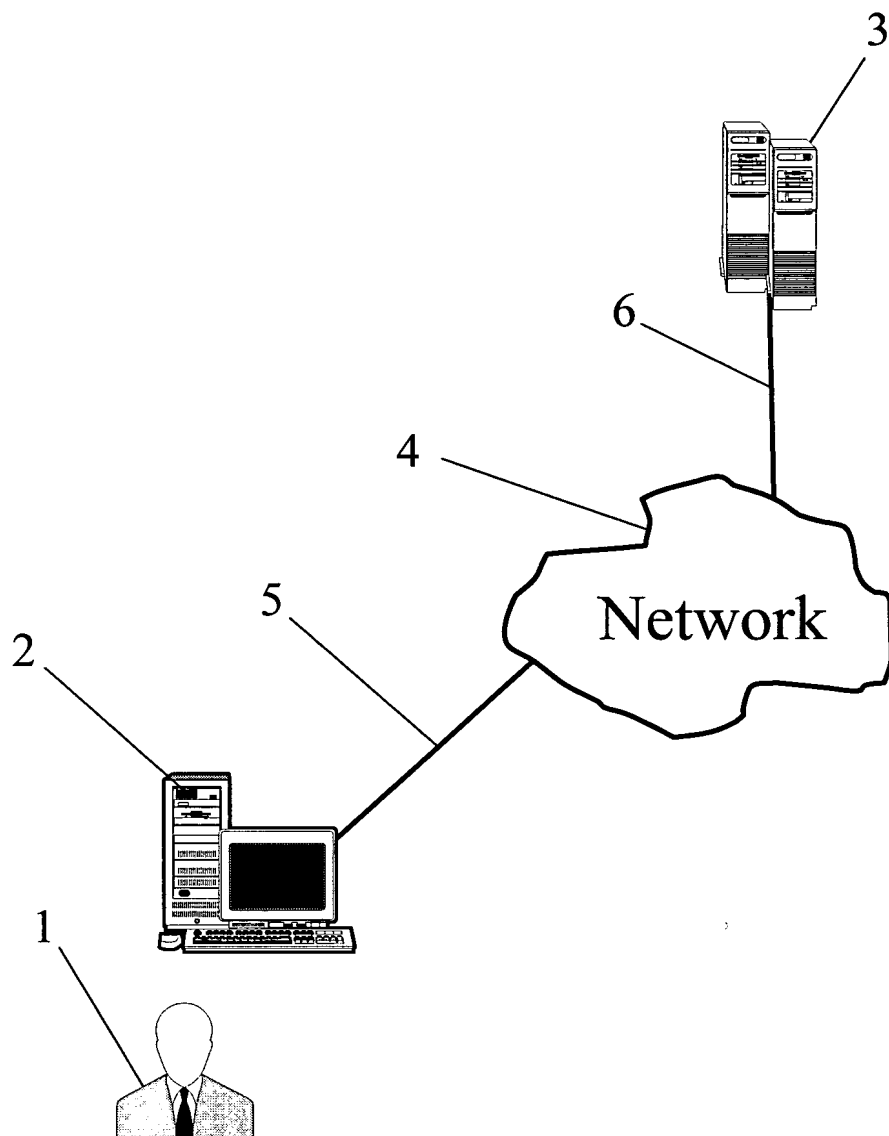


FIG. 2

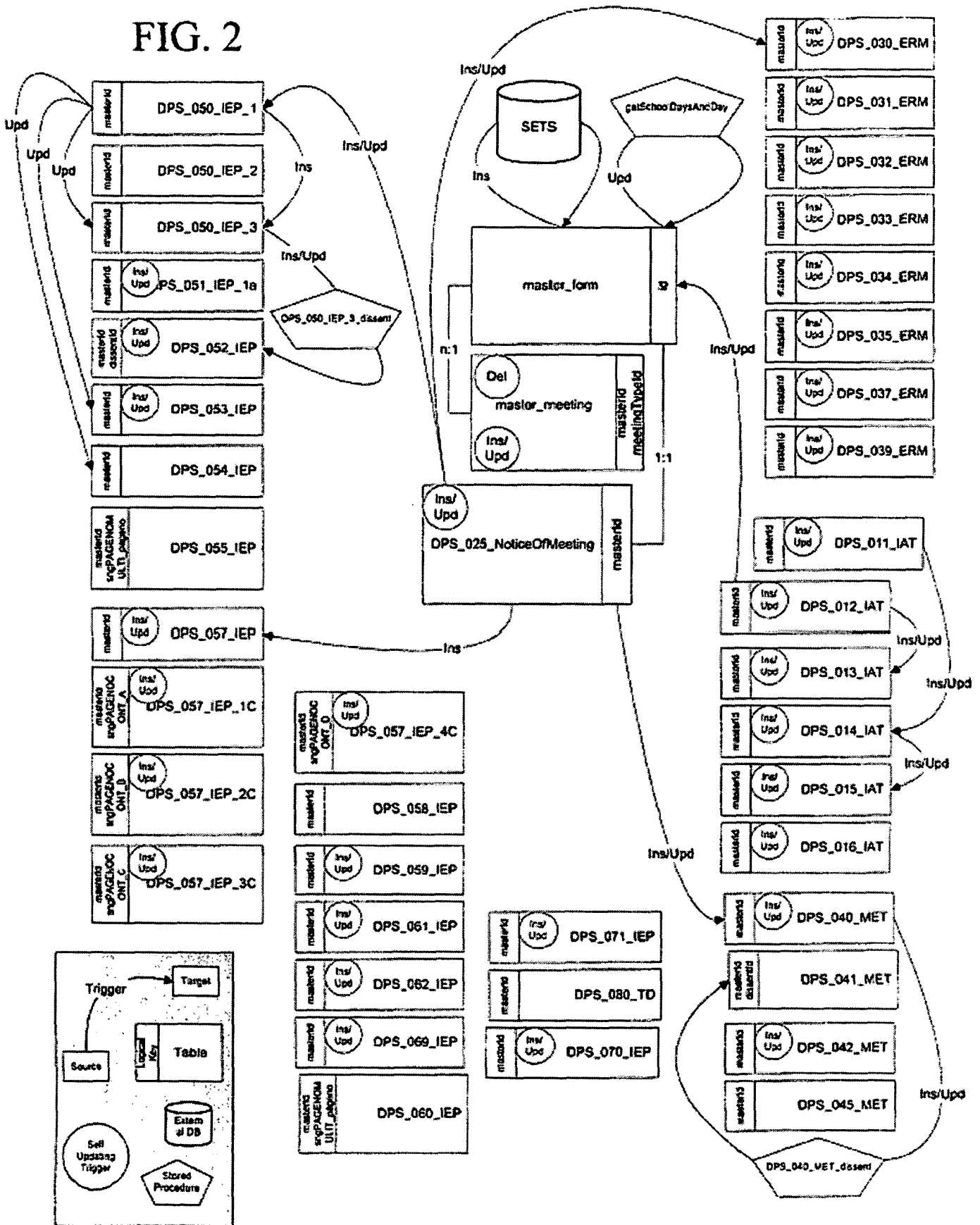
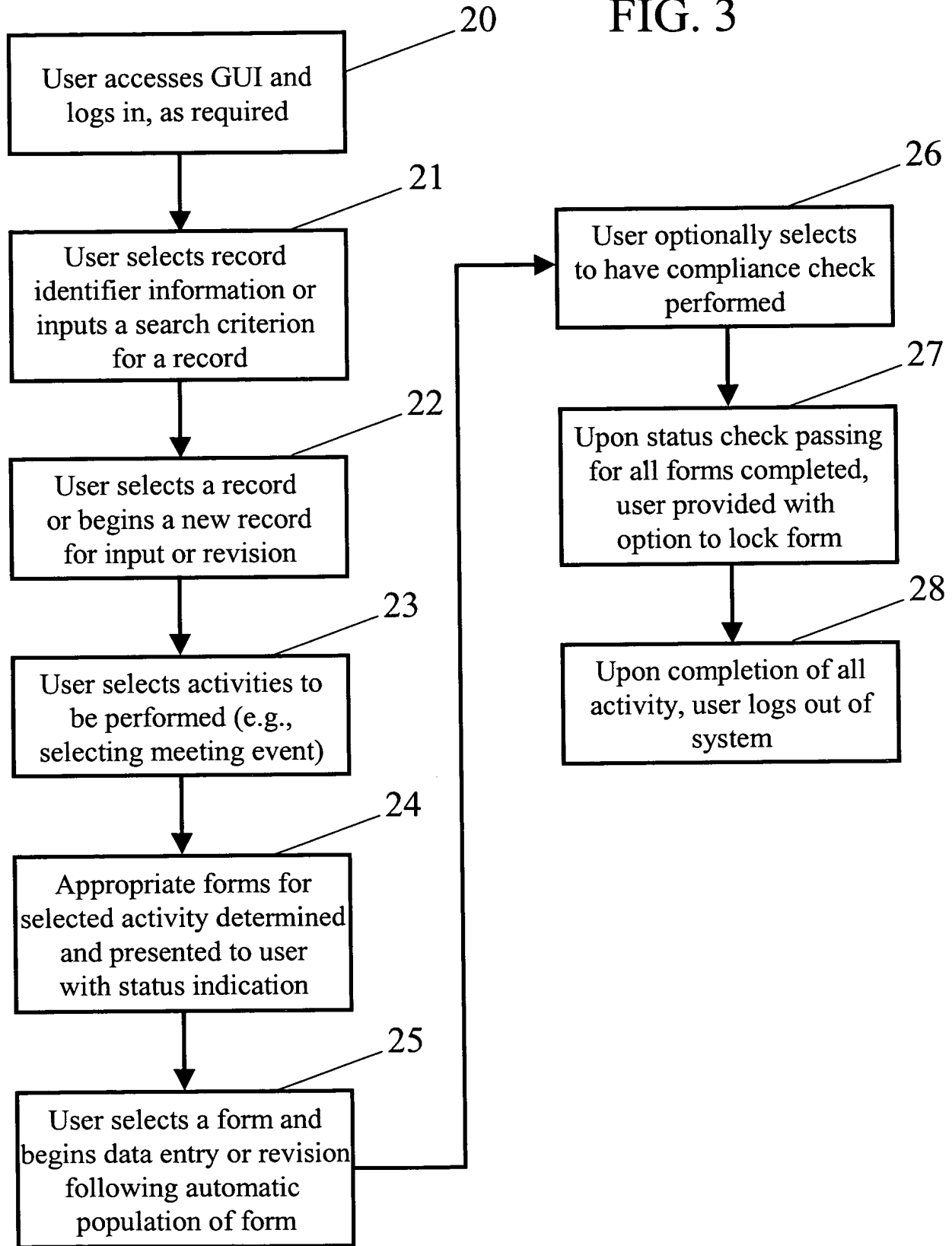


FIG. 3



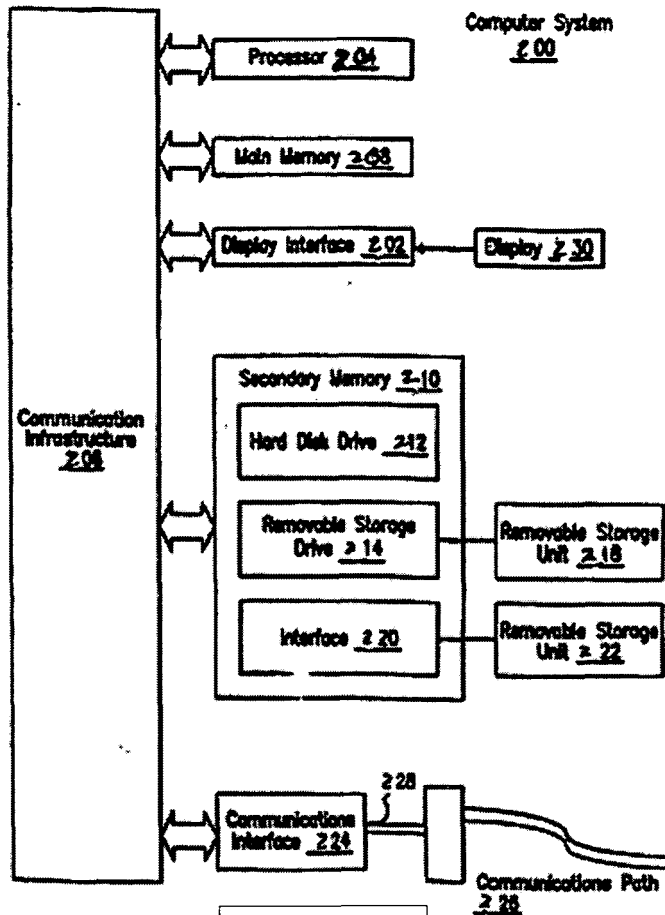


FIG. 4

FIG. 5

Green shaded fields

Purple/
salmon
shaded
fields

Yellow
shaded
fields

Last Updated By :		DRAFT	
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS		DEC 4 (4 of 4)	
Student Name	A A	Student ID#	07/29/2002
Duration: Special Education and Related Services:		From	To

C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.

<input type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	<input type="checkbox"/> Change in placement <input type="checkbox"/> Modified Day
<input type="checkbox"/> Resource - 40% - 79% of day with non-disabled peers	<input type="checkbox"/> Public Residential	
<input type="checkbox"/> Separate - 39% or less of the day with non-disabled peers	<input type="checkbox"/> Private Residential	
<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital	

D. If the student will be removed for any part of the day (regular class, extracurricular, non-academic activities) or 4 Period HIS from students without disabilities, explain why:

VI. Explain how and when parents will be informed of the student's progress toward annual goals:

Quarterly Progress Reports: _____

VII. Extended School Year Status

☐ Is not eligible for ESY
☐ Is eligible for ESY
☐ Eligibility is under consideration and will be determined by _____

VIII. IEP Team. The following were present and participated in the development and writing of the IEP.

Signature	Position	Date
_____	Parent	_____
_____	LEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

IX. IEP Addendum Team Committee. The following were present and participated in the development and writing of the addendum. Purpose: _____

Signature	Position	Date
_____	Parent	_____
_____	LEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

X. Reevaluation

This IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before _____

Signature	Position	Date
_____	Parent	_____
_____	LEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

Save and Print

Save

Reset

7.01

FIG. 6

Changes
to yellow
upon
completion

Last Updated By :		DRAFT															
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS		DEC 4 (4 of 4)															
Student Name	A A	Student ID# 07/29/2002															
Duration: Special Education and Related Services: From _____ To _____																	
<p>C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers</td> <td><input type="checkbox"/> Private Separate School</td> <td rowspan="4" style="vertical-align: middle; text-align: center;"> <input type="checkbox"/> Change in placement <input type="checkbox"/> Modified Day </td> </tr> <tr> <td><input type="checkbox"/> Resource - 40% - 79% of the day with non-disabled peers</td> <td><input type="checkbox"/> Public Residential</td> </tr> <tr> <td><input type="checkbox"/> Separate - 19% or less of the day with non-disabled peers</td> <td><input type="checkbox"/> Private Residential</td> </tr> <tr> <td><input type="checkbox"/> Public Separate School</td> <td><input type="checkbox"/> Home/Hospital</td> </tr> </table>			<input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	<input type="checkbox"/> Change in placement <input type="checkbox"/> Modified Day	<input type="checkbox"/> Resource - 40% - 79% of the day with non-disabled peers	<input type="checkbox"/> Public Residential	<input type="checkbox"/> Separate - 19% or less of the day with non-disabled peers	<input type="checkbox"/> Private Residential	<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital						
<input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	<input type="checkbox"/> Change in placement <input type="checkbox"/> Modified Day															
<input type="checkbox"/> Resource - 40% - 79% of the day with non-disabled peers	<input type="checkbox"/> Public Residential																
<input type="checkbox"/> Separate - 19% or less of the day with non-disabled peers	<input type="checkbox"/> Private Residential																
<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital																
<p>D. If the student will be removed for any part of the day (regular class, extracurricular, non-academic activities) or 4 Period IIS from students without disabilities, explain why:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																	
<p>VI. Explain how and when parents will be informed of the student's progress toward annual goals:</p> <p>Quarterly Progress Reports _____</p>																	
<p>VII. Extended School Year Status</p> <p><input type="checkbox"/> Is not eligible for ESY</p> <p><input type="checkbox"/> Is eligible for ESY</p> <p><input type="checkbox"/> Eligibility is under consideration and will be determined by _____</p>																	
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Signature	Position	Date															
_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
<p>IX. IEP Addendum Team Committee. The following were present and participated in the development and writing of the addendum. Purpose: _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Signature</th> <th style="text-align: left;">Position</th> <th style="text-align: left;">Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Parent</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>LEA Representative</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Regular Education Teacher</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>EC Teacher</td> <td>_____</td> </tr> </tbody> </table>			Signature	Position	Date	_____	Parent	_____	_____	LEA Representative	_____	_____	Regular Education Teacher	_____	_____	EC Teacher	_____
Signature	Position	Date															
_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
<p>X. Reevaluation</p> <p>This IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before _____</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Signature</th> <th style="text-align: left;">Position</th> <th style="text-align: left;">Date</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Parent</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>LEA Representative</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>Regular Education Teacher</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>EC Teacher</td> <td>_____</td> </tr> </tbody> </table>			Signature	Position	Date	_____	Parent	_____	_____	LEA Representative	_____	_____	Regular Education Teacher	_____	_____	EC Teacher	_____
Signature	Position	Date															
_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
<input type="button" value="Save and Print"/>		<input type="button" value="Save"/>															
		<input type="button" value="Reset"/>															

All
Yellow

FIG. 7

Last Updated By: _____

DRAFT
DEC 4 (4 of 4)
07/29/2002

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS

Student Name: _____ A _____ A _____ Student ID# _____

Duration: Special Education and Related Services: From _____ To _____

C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.

<input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	<input type="checkbox"/>
<input type="checkbox"/> Resource - 40% - 79% of day with non-disabled peers	<input type="checkbox"/> Public Residential	Change in placement
<input checked="" type="checkbox"/> Separate - 39% or less of the day with non-disabled peers	<input checked="" type="checkbox"/> Private Residential	<input type="checkbox"/>
<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital	Modified Day

D. If the student will be removed for any part of the day (regular class, extracurricular, non-academic activities) or 4 Period IIS from students without disabilities, explain why:

VI. Explain how and when parents will be informed of the student's progress toward annual goals:
Quarterly Progress Reports _____

VII. Extended School Year Status

☐ Is not eligible for ESY

☐ Is eligible for ESY

☒ Eligibility is under consideration and will be determined by _____

VIII. IEP Team. The following were present and participated in the development and writing of the IEP.

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_____	Parent	_____
_____	IEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

IX. IEP Addendum Team Committee. The following were present and participated in the development and writing of the addendum. Purpose: _____

Signature	Position	Date
_____	Parent	_____
_____	IEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

X. Reevaluation

This IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before _____

Signature	Position	Date
_____	Parent	_____
_____	IEA Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

Purple/
salmon
shaded
field

WSSETS Farm

ica Neighborhood Program

4glsupport

wssets

☐ Save Password

OK Cancel

152

154

FIG. 8

Welcome to EZ Compliance Forms

by 4GL School Solutions Inc.

User Name : 162

Password : 164

166

FIG. 9

170

FIG. 10

SETS Form Writer by JGL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

SETS: EZ Compliance - Forms Writer

Student Search Criteria

First Name:

Last Name:

DOB:

SSN:

Student ID:

TEP School:

182

Done Internet

FIG. 11

170

192

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student ID	SSN
356139	242553730
979224	239752380
979495	239751009
378279	237670085
468009	241492318
632992	241414427
978143	240579304
193370	242497034
458928	244731322
218187	244558401

FIG. 12

190

194

EZ FORMS - Citrix ICA Client
Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

Student: SEVEN FORMS ID: 70799

* Special Ed Intervention

Meeting | Event Student Profile

List Add Meeting / Event

Filter show all

Date	Meeting / Event Type	Forms	Status
06/	<div> ERM Initial IEPT Initial IEPT Post-Initial ERM Reveal (3yr) MET Reveal (3yr) IEPT Reveal (3yr) </div>		Draft
05/16/2002	MET Initial		Draft
05/16/2002	IEPT Initial		Draft

Local Intranet

Start

ZoneAlarm

EZ FORMS

DPS

EZ

Citrix

3:09 PM

FIG. 13

SEIS FORMS - Citrix ICA Client

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Special Ed Intervention Student Profile Compliance: ☐ Check

Meeting Events Details

06/13/2002 [Draft] ☐ ☐ ADD EVENT TO THIS MEETING

EXEC ListMeetingForm 15,1,0, 1
ERM Initial

Form Name	Form Rule	Form Status	Delete Event
<input checked="" type="checkbox"/> Notice Of Meeting (06/13/2002) <input type="checkbox"/> Lock	<input checked="" type="checkbox"/> Required	Compliant	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
* Request For Records	<input type="radio"/> Optional	Non-Compliant	<input checked="" type="checkbox"/> delete
* Release Of Information	<input type="radio"/> Optional	Non-Compliant	<input checked="" type="checkbox"/> delete
* Evaluation Extension	<input type="radio"/> Optional	Non-Compliant	<input checked="" type="checkbox"/> delete
IEPT Post-Initial			
IEPT Report Pages 1 & 2	<input checked="" type="checkbox"/> Required	blank form	
IEPT Report Pages 2 & 4	<input checked="" type="checkbox"/> Required	blank form	
IEPT Report Pages 5 & 6	<input checked="" type="checkbox"/> Required	blank form	

Local Intranet

212

FIG. 14

210

Admin | Return to last search | Select new student | Logout

© 2000 4GL School Solutions, Inc.

Student: BUGS BUNNY ID: 99999999

222

Specialized

Meeting | Event

List

Student Profile

* Add Meeting / Event

All Events | All IEPs | Filter

Date	Meeting / Event Type	Forms	Status
04/05/2002	Additional Testing Summary	DEC3, DEC5	Draft
04/01/2002	Addendum	DEC4, Transition, BIP	
12/20/2001	Addendum	DEC4, Transition, BIP	Released
12/17/2001	Annual Review	DEC4, Transition, BIP	Released

FIG. 15

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meetings / Events
Student Profile

First Name: SEVEN Last Name: FORMS Student ID: 70799 DOB: 01/01/1993 Grade: 04 Sex: F	MI: SSN: AGE: Race: U
Address: City: State:	Zip:
Category: Related Services: IEP Start Date: Last Re-Eval Date:	Amount of Service: Placement: IEP End Date:
Attending School Number: 9999 Attending School Name: Temporary School (Training)	

Done
Local Intranet

FIG. 16

248

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

242

244

246

Student ID	SSN
465586	448654998
46456	896559798
4544585	454868498
9999999	165248955
12345	212908720
4646589	848465987
4656464	513152155
45548978	465484564
4645864	465858512
999689	465696465
465645	465585345
46565686	465888568

FIG. 17

240

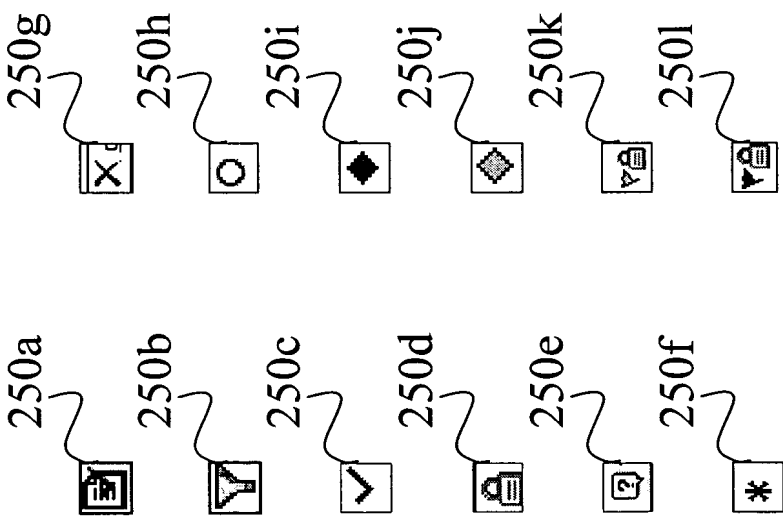


FIG. 18

SEVEN FORMS ID: 70799

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Special Ed

Intervention

Student Profile

Meeting | Event

List

Filter

show all

ERM Initial

MET Initial

IEPT Initial

ERM Initial

IEPT Post-Initial

ERM Reeval (3yr)

MET Reeval (3yr)

IEPT Reeval (3yr)

272

Meeting / Event Type

MET Initial

IEPT Initial

ERM Initial

IEPT Post-Initial

ERM Reeval (3yr)

MET Reeval (3yr)

IEPT Reeval (3yr)

Forms

Status

Draft

Draft

Draft

Local Intranet

FIG. 20

EZ FORMS - Citrix ICA Client
SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Return to last search | Select new student | Logout

05/16/2002 MET Initial

5/13/2002 8:35 am
Detroit Public Schools
Department of Student Support Services
NOTICE OF MEETING

Last Updated By : dpguest
Date: 05/13/2002

Tom
Name
7777
Address
Detroit
City,
MI 66666
State, zip code

Forms

Student: SEVEN FORMS
DOB: 01/01/1993 Gender:
ID# 196978 Clinic #
Grade: Program:
School:

Dear Mr. Forms

You are invited to a meeting on: 05/16/2002, Thu at 9:00 pm

Location: SCB Phone: 555-1212
Address: 11111 Detroit MI 44444
City, State, zip code

This meeting will be:

A. ☐ An Evaluation Review: Meeting to review existing data and develop an evaluation plan in order to determine:
☐ if your child needs special education programs/services. Your input is important and your consent is required.

Is this a direct referral? ☐ Yes ☐ No

1 of 1 8.5 x 11 in.

Done Local Intranet

282

FIG. 21

280

SEIS Form Writer by IGI - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

SEIS: EZ Compliance - Forms Writer

Student Search Criteria

First Name:

Last Name:

DOB:

SSN:

Student ID:

IEP School:

FIG. 22

290

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

SETS: EZ Compliance - Forms Writer

Student Search Results...

Click on Student Name to view/update information.

Student Name	Student ID	SSN
1 SMITH, AARON	356139	242553230
2 SMITH, ALEX	979224	239752380
3 SMITH, ALEXANDER	979495	239751002
4 SMITH, ALEXANDER	379272	237670085
5 SMITH, ALLEN	468002	241492318
6 SMITH, ALONZO	632992	241414427
7 SMITH, AMANDA	979143	240579304
8 SMITH, AMBER	193370	242497034
9 SMITH, ANDREW	458928	244731322
10 SMITH, ANNA	218187	244558401
11 SMITH, ANNA	979221	238754076
12 SMITH, ANTONIO	204137	243474316
13 SMITH, ANTONIO	951503	246877033
14 SMITH, APRIL	660101	237577389
15 SMITH, AUSTIN	959867	238834363
16 SMITH, BELVIN	128092	243556315
17 SMITH, BENJAMIN	325749	246532758
18 SMITH, BERNARD	959812	340335096
19 SMITH, BOBBIE	598367	81682356
20 SMITH, BOBBY	193236	242433510

Records 1 - 20 out of 163

Next >

302

304

306

FIG. 23

300

SEVEN FORMS - Citrix ICA Client

SEVEN FORMS Form Writer by iGL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799

Admin | Return to last search | Select new student | Logout

Special Ed

Intervention

Student Profile

Meeting | Event

List

Filter show all

► * Add Meeting / Event

Date	Meeting / Event Type	Forms	Status
06/13/2002	ERM Initial IEPT Post-Initial ERM Reeval (3yr) MET Reeval (3yr) IEPT Reeval (3yr)		Draft
05/16/2002	MET Initial		Draft
05/16/2002	IEPT Initial		Draft

Done Local Intranet

FIG. 24

IEZ FORMS - Citrix ICA Client

SEIs Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

* Special Ed Intervention

Meeting | Events Student Profile

▶ * Select one stand-alone event - or - multiple events which take place on the same date, then click CREATE

Meeting / Event Type	Forms
<input checked="" type="checkbox"/> ERM Initial	334
<input type="checkbox"/> MET Initial	
<input type="checkbox"/> IEPT Initial	
<input type="checkbox"/> IEPT Post-Initial	
<input type="checkbox"/> ERM Reeval (3yr)	
<input type="checkbox"/> MET Reeval (3yr)	
<input type="checkbox"/> IEPT Reeval (3yr)	

Done Local intranet

332

FIG. 26

330

EZ FORMS - Citrix ICA Client

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Return to last search | Select new student | Logout

Student: **SEVEN FORMS ID: 70799**

← 05/13/2002 ERM Initial

DRAFT

**Detroit Public Schools
Department of Student Support Services**

NOTICE OF MEETING

Last Updated By: _____
Date: 05/13/2002

Name	_____	Student:	SEVEN	FORMS
Address	_____ Apt.	DOB:	01/01/1993	Gender:
City,	_____ State, zip code	ID#	196978	Clinic #
		Grade:	_____	Program:
		School:	_____	

Dear _____

You are invited to a meeting on _____ at _____

Location: _____ Phone: _____

Address: _____ City, _____ State, zip code _____

This meeting will be:

A. ☒ An Evaluation Review Meeting to review existing data and develop an evaluation plan in order to determine:
☒ if your child needs special education programs/services. Your input is important and your consent is required.

Is this a direct referral? Yes No

1 of 1 B5 x 11 in

122%

Contains commands for manipulating windows.

FIG. 27

* Special Ed		Intervention
Meeting Events		Student Profile
Details		Compliance: <input type="checkbox"/> Check
<p>05/13/2002 [Draft]]</p> <p>EXEC ListMeetingForm 45,1,0, 1</p> <p>ERM Initial</p>		
Form Name	Form Rule	Form Status
New Notice Of Meeting	Required	blank form
Special Education Referral/Evaluation Review/Consent Form		blank form
Special Education Direct Referral/ Consent Form		blank form
Request For Records	Optional	blank form
Release Of Information	Optional	blank form
Evaluation Extension	Optional	blank form
<p>To get access to the applicable forms please complete and lock the Notice of Meeting.</p>		

FIG. 28

350


Application No. New
Docket No. 026063-00014

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer


Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Special Ed Intervention Student Profile

Meeting | Events

ERM Initial 05/13/2002 [Draft ]

►* Select an event which OCCURS AT THE SAME TIME AS THE OTHER EVENTS(S) FOR THIS DATE, then click CREATE.

To create a stand-alone event, go back to the [Meeting | Event] list  364

Meeting / Event Type	Forms
<input type="radio"/> ERM Initial	
<input type="radio"/> MET Initial	
<input type="radio"/> IEPT Initial	
<input type="radio"/> IEPT Post-Initial	
<input type="radio"/> ERM Reeval (3yr)	
<input type="radio"/> MET Reeval (3yr)	
<input type="radio"/> IEPT Reeval (3yr)	

Done Local Intranet

362

FIG. 29

360

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

* Special Ed
Intervention
Student Profile

Meeting | Events
Details

05/13/2002 [Draft]
** ADD EVENT TO THIS MEETING

EXEC ListMeetingForm 45,1,0, 1
ERM Initial

Form Name	Form Rule	Form Status	Delete Event
New Notice Of Meeting	Required	blank form	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
Request For Records	Optional	blank form	
Release Of Information	Optional	blank form	
Evaluation Extension	Optional	blank form	
MET Initial			
MET Report	Required	blank form	
Summary Reports	Required	blank form	
Evaluation Request	Required	blank form	

Compliance:
☐ Check

Local Intranet

372

FIG. 30

370

EZ FORMS - Citrix ICA Client
SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meeting | Events
Student Profile

Details
Compliance: ☐ Check

05/13/2002 [Draft]

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Rule	Form Status	Delete Event
New Notice Of Meeting	Required	blank form	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
Request For Records	Optional	blank form	
Release Of Information	Optional	blank form	
Evaluation Extension	Optional	blank form	
MET Initial			Delete Event
MET Report	Required	blank form	
Summary Reports	Required	blank form	
Evaluation Request	Required	blank form	

Local Intranet

FIG. 31

EZ FORMS - Citrix ICA Client
SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Meeting | Events
Student Profile

Details
Compliance: ☐ Check

05/13/2002 [Draft] 392

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Status	Delete Event
New Notice Of Meeting	blank form	
Special Education Referral/Evaluation Review/Consent Form	blank form	
Special Education Direct Referral/ Consent Form	blank form	
Request For Records	blank form	
Release Of Information	blank form	
Evaluation Extension	blank form	
MET Initial		
MET Report	blank form	
Summary Reports	blank form	
Evaluation Request	blank form	

Microsoft Internet Explorer
Delete Meeting - MET Initial ?
OK Cancel

javascript: doSubmit(99,75,'MET Initial ');
Local Intranet

FIG. 32

SEVEN FORMS - Citrix ICA Client
SEVEN FORMS - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

* Special Ed
Intervention

Meeting Events
Student Profile
Compliance: ☐ Check

Details
*** ADD EVENT TO THIS MEETING

05/13/2002 [Draft ☐]
Delete Event

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Rule	Form Status
New Notice Of Meeting	◆ Required	blank form
Special Education Referral/Evaluation Review/Consent Form		blank form
Special Education Direct Referral/ Consent Form		blank form
Request For Records	○ Optional	blank form
Release Of Information	○ Optional	blank form
Evaluation Extension	○ Optional	blank form

Done
Local intranet

FIG. 33

SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

Student: EIGHT FORMS ID: 80899

* Special Ed Intervention Student Profile Compliance: ☐ Check

Meeting Events Details

05/30/2002 [Draft] ☐

EXEC ListMeetingForm 48,1,0, 1
ERM Initial

Form Name	Form Rule	Form Status	Delete Event
<input type="checkbox"/> Notice Of Meeting (05/14/2002)	<input checked="" type="radio"/> Required	Released	
<input type="checkbox"/> Notice Of Meeting (05/30/2002)	<input checked="" type="radio"/> Required	Released	414
<input checked="" type="checkbox"/> New Notice Of Meeting Special Education Referral/Evaluation Review/Consent Form	<input checked="" type="radio"/> Required	blank form	
<input checked="" type="checkbox"/> Request For Records	<input type="radio"/> Optional	Compliant	<input checked="" type="checkbox"/> delete
<input checked="" type="checkbox"/> Release Of Information	<input type="radio"/> Optional	Compliant	<input checked="" type="checkbox"/> delete
<input checked="" type="checkbox"/> Evaluation Extension	<input type="radio"/> Optional	Compliant	<input checked="" type="checkbox"/> delete

☒ To get access to the applicable forms please complete and lock the Notice of Meeting.

Local Intranet

FIG. 34

410

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

100

* Special Ed		Intervention	
Meeting Events		Student Profile	
Details		Compliance: <input type="checkbox"/> Check	
<p>06/10/2002 [Draft] <input type="checkbox"/>] * ADD EVENT TO THIS MEETING</p>			
<p>XEC ListMeetingForm 51,1,0, 1</p>			
<p>IEPT Post-Initial</p>			
	Form Name	Form Rule	Form Status
✓	Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◆ Required	Compliant
✓	IEPT Report Pages 1 & 2	◆ Required	Compliant
✓	IEPT Report Pages 2 & 4	◆ Required	Compliant
✓	IEPT Report Pages 5 & 6	◆ Required	Compliant
✓	Behavior Manifestation Determination	○ Optional	Compliant <input checked="" type="checkbox"/> delete
✓	Annual Goals and Short Term Objectives #1 - Enter text here	◆ Required	Compliant
Delete Event			

FIG. 35

420

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student: EIGHT FORMS ID: 80899

* Special Ed

Intervention

Meeting Events

Student Profile

Details

Compliance: ☐ Check

06/10/2002 [Draft ☐]

Check: PASSED ☐ Lock

☐ Clear Window

EXEO ListMeetingForm 51,1,0, 1

IEPT Post-Initial

Delete Event

Form Name	Form Rule	Form Status
<input checked="" type="checkbox"/> Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 1 & 2	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 2 & 4	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 5 & 6	◆ Required	Compliant

432

434

FIG. 36

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: EIGHT FORMS ID: 80899 Admin | Return to last search | Select new student | Logout

* Special Ed Intervention

Meeting | Events Student Profile

Details Compliance: ☐ Check

06/10/2002 [Draft] 442 ▶ * ADD EVENT TO THIS MEETING

Check: PASSED ☐ Lock

☐ Clear Window

EXEC ListMeetingForm 51,1,0, 1
IEPT Post-Initial Delete Event

Form Name	Form Rule	Form Status
✓ Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◇ Required	Compliant
✓ IEPT Report Pages 1 & 2	◇ Required	Compliant
✓ IEPT Report Pages 2 & 4	◇ Required	Compliant
✓ IEPT Report Pages 5 & 6	◇ Required	Compliant

FIG. 37

440

SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student: BUGS BUNNY ID: 99999999


Special Ed


Meeting Events


Details

Student Profile

Compliance: ☐ Check

03/25/2002 [Draft 



Check: PASSED ☐ Lock 

 Clear Window

452

[ADD EVENT TO THIS MEETING](#)

Functional Behavior Assessment (only)

	Form Name	Form Rule	Form Status
	DEC Prior Notice/Invitation (03/25/2002)	<input type="radio"/> Optional	Released
	New DEC Prior Notice/Invitation		blank form
<input checked="" type="checkbox"/>	Functional Behavior Assessment	<input checked="" type="checkbox"/> Required	Compliant

Delete Event

FIG. 38

SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

Student: BUGS BUNNY ID: 99999999

* Special Ed

Meeting | Events

Student Profile

Details

03/25/2002 [Released]

Functional Behavior Assessment (only)

Form Name	Form Rule	Form Status
DEC Prior Notice/Invitation (03/25/2002)	Optional	Released
Functional Behavior Assessment	Required	Released
* SETS Datasheet #2	Required	Non-Compliant

FIG. 39

Student: **AMY FORMS** ID: **4566000** Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Meeting Events		Student Profile	
Details			
04/08/2002 [Released]		474	
Re-Evaluation Prep			
Form Name	Form Rule	Form Status	
DEC Prior Notice/Invitation (04/08/2002)	◆ Required	Released	
DEC 3 RAT	◆ Required	Released	
DEC 2	◆ Required	Released	
* SETS Meeting Datasheet	◆ Required	Non-Compliant	
Re-Evaluation			
DEC 3	◆ Required	Released	
DEC 5 Prior Notice	◆ Required	Released	
Annual Review			
DEC 4 Page 1 - Special Factors	◆ Required	Released	
DEC 4 Page 2 - Goal Page #1 - Money	○ Optional	Released	
DEC 4 Page 3 - Service Delivery	◆ Required	Released	
DEC 4 Page 4 - Signature	◆ Required	Released	
Transition Statement / Plan	◆ Required	Released	
Transition Plan Page 2	◆ Required	Released	
Progress Report	◆ Required	blank form	
* SETS IEP Datasheet	◆ Required	Non-Compliant	

FIG. 40

470

482

SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student: EIGHT FORMS ID: 80899

* Special Ed

Intervention

Meeting Events

Student Profile

Details

Compliance: ☐ Check

06/10/2002 [Draft]

Check: PASSED ☐ Lock

Clear Window

EXEC ListMeetingForm 51,1,0, 1
 IEPT Post-Initial

Delete Event

Form Name	Form Rule	Form Status
✓ Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◆ Required	Compliant
✓ IEPT Report Pages 1 & 2	◆ Required	Compliant
✓ IEPT Report Pages 2 & 4	◆ Required	Compliant
✓ IEPT Report Pages 5 & 6	◆ Required	Compliant

FIG. 41

480

Admin | [Return to last search](#) | [Select new student](#) | [User Guide](#) | [Logout](#)

Compliance: <input type="checkbox"/> Check

▶ * [ADD EVENT TO THIS MEETING](#)

FIG. 42





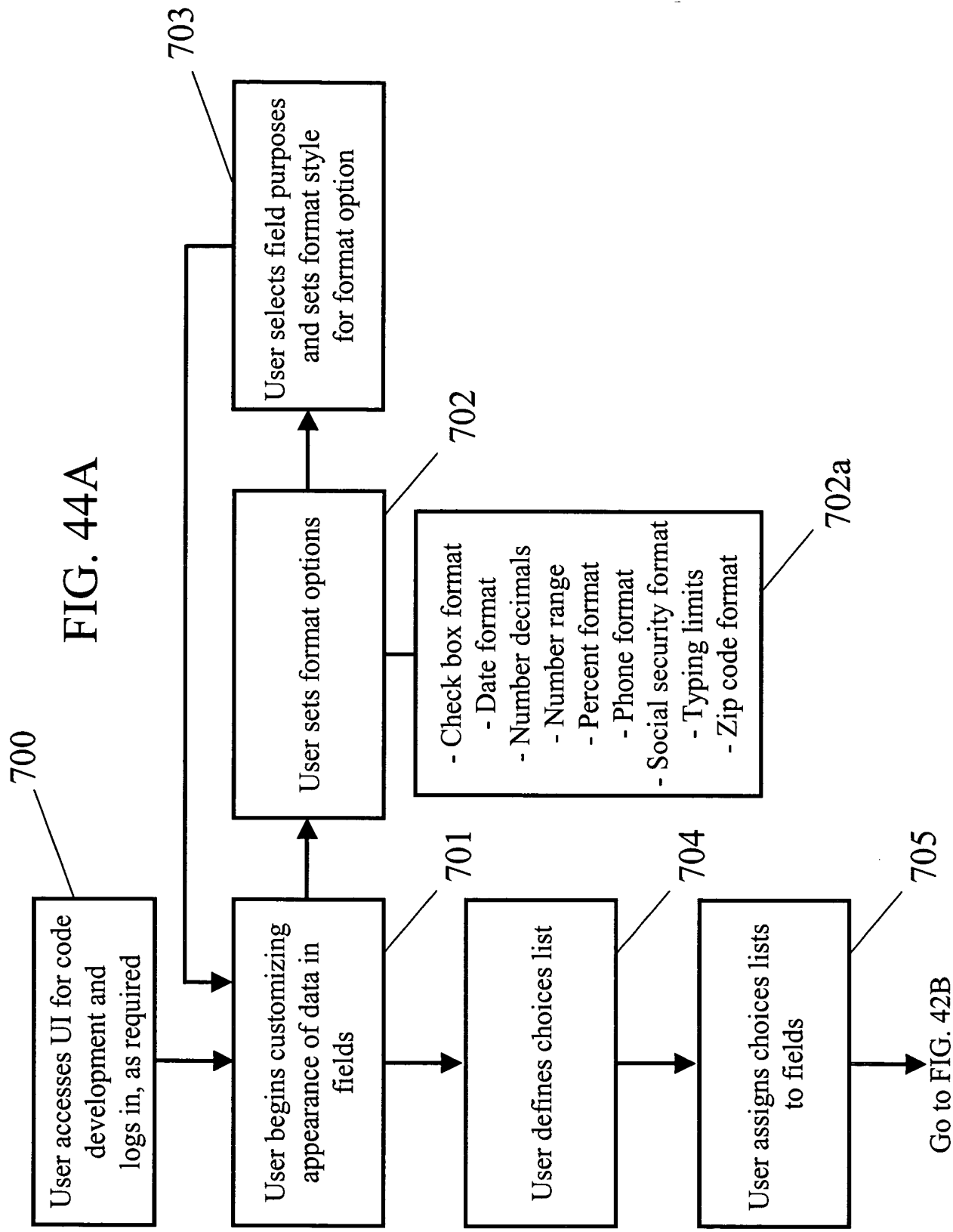
* Special Ed			
 Meetings / Events	Student Profile	Access Log	
 Details			
06/30/2003 [Draft ]			
<p>Check: FAILED</p> <ol style="list-style-type: none"> 1. PK DEC 3 is not compliant. 2. DEC Prior Notice/Invitation - must be locked individually before locking entire set. 3. PK DEC 4 Page 3 is not compliant. 4. PK DEC 4 Page 4 - Signature is not compliant. 5. BIP - Behavioral Intervention Plan is not compliant. 6. DEC 5 Prior Notice is not compliant. 7. DEC 6 is not compliant. 8. DEC Prior Notice/Invitation - must be locked individually before locking entire set. 9. Because you selected [Student requires assistive technology devices] on DEC4_1, ASSISTIVE TECHNOLOGY must be reflected on a Goal Page. [DEC4_2] 10. Because you selected [Student has special Communication needs in DEC4_1]. You must fill out a COMMUNICATION goal page. [DEC4_2] 11. Because you selected [Student has behavioral problems] in DEC4 Page 1. You are required to fill out a BIP - Behavioral Intervention Plan. [BIP] 12. Because you selected [Student impedes the learning of others] in DEC4_1. You must fill out a BEHAVIOR Goal page. [DEC4_2] 13. DEC 4 Page 2 - Goal Page #1 for Behavior is not complete. <p> <u>Clear Window</u></p>			

FIG. 43



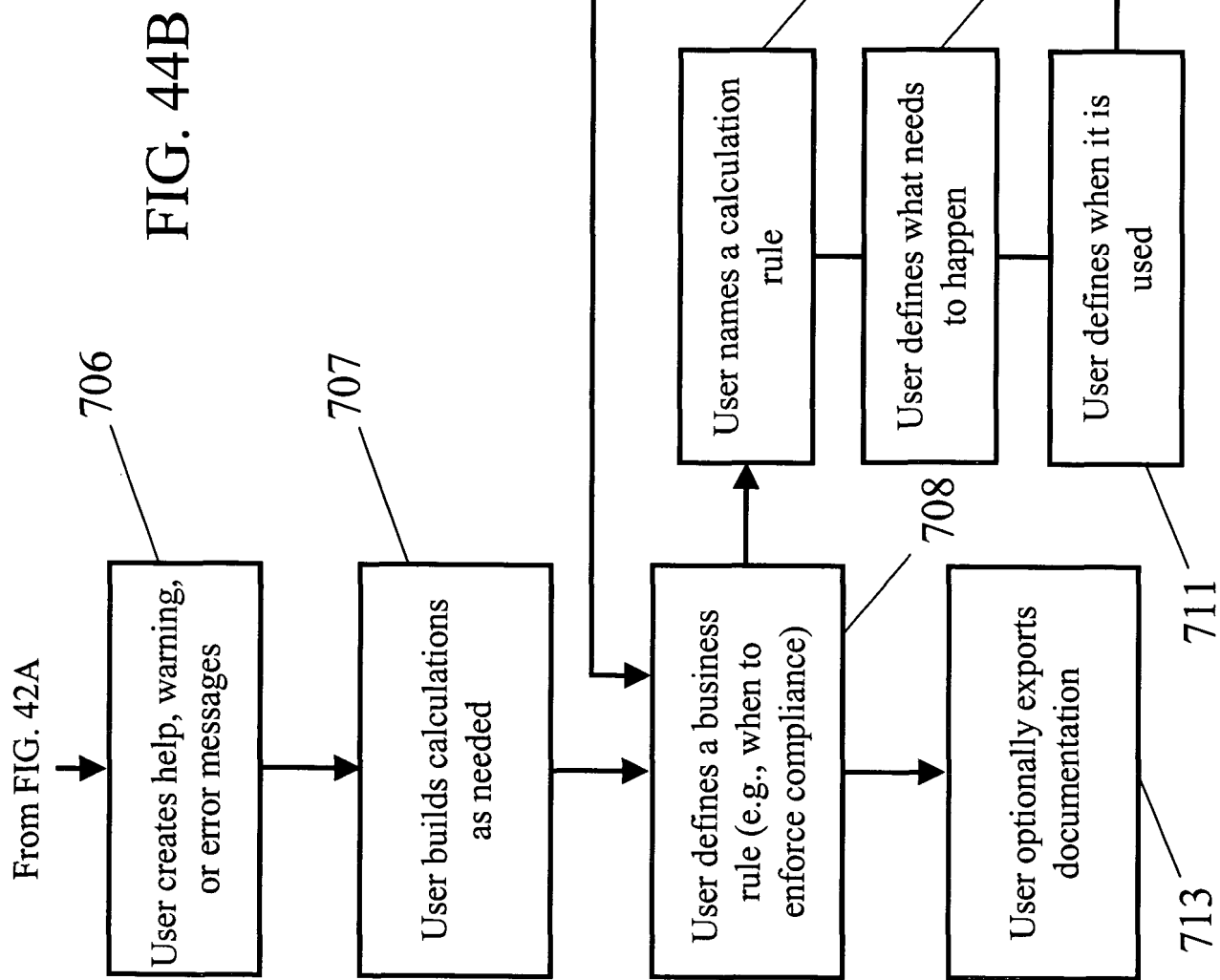


FIG. 45

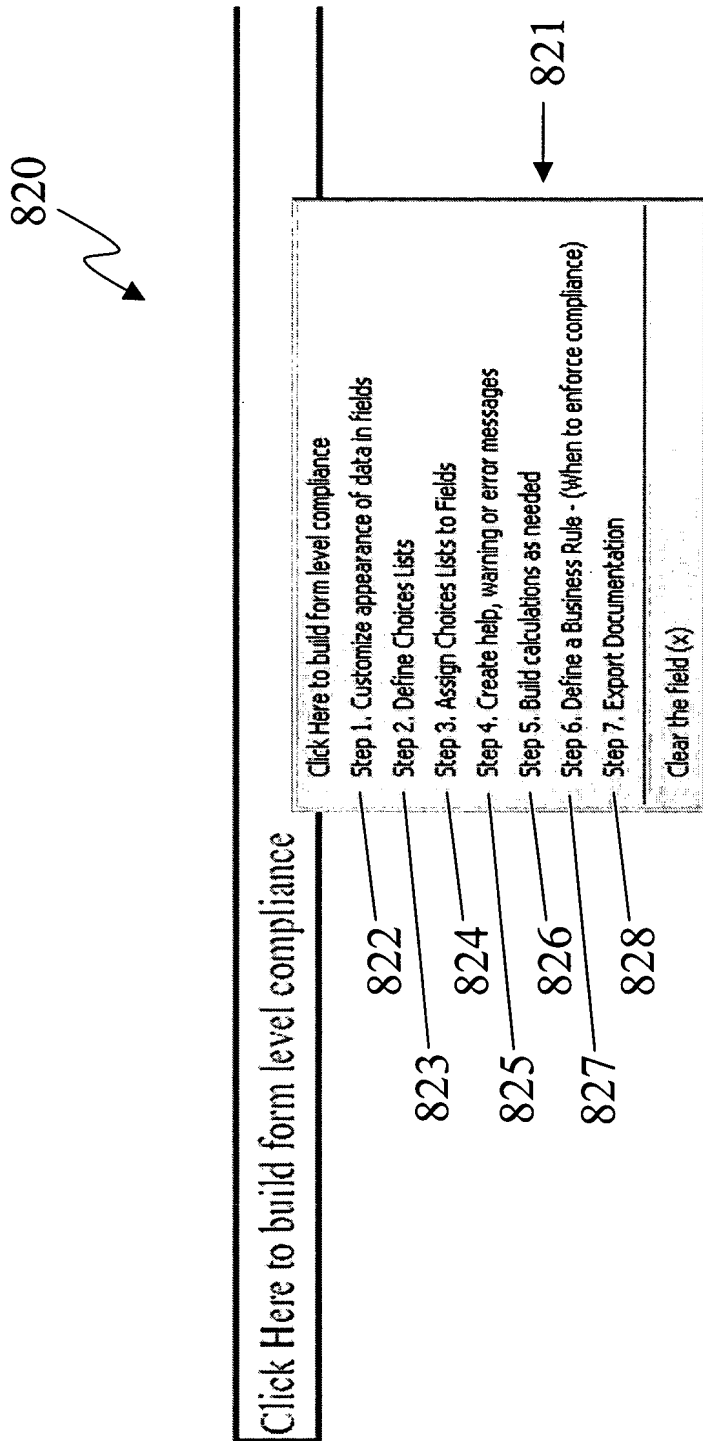


FIG. 46

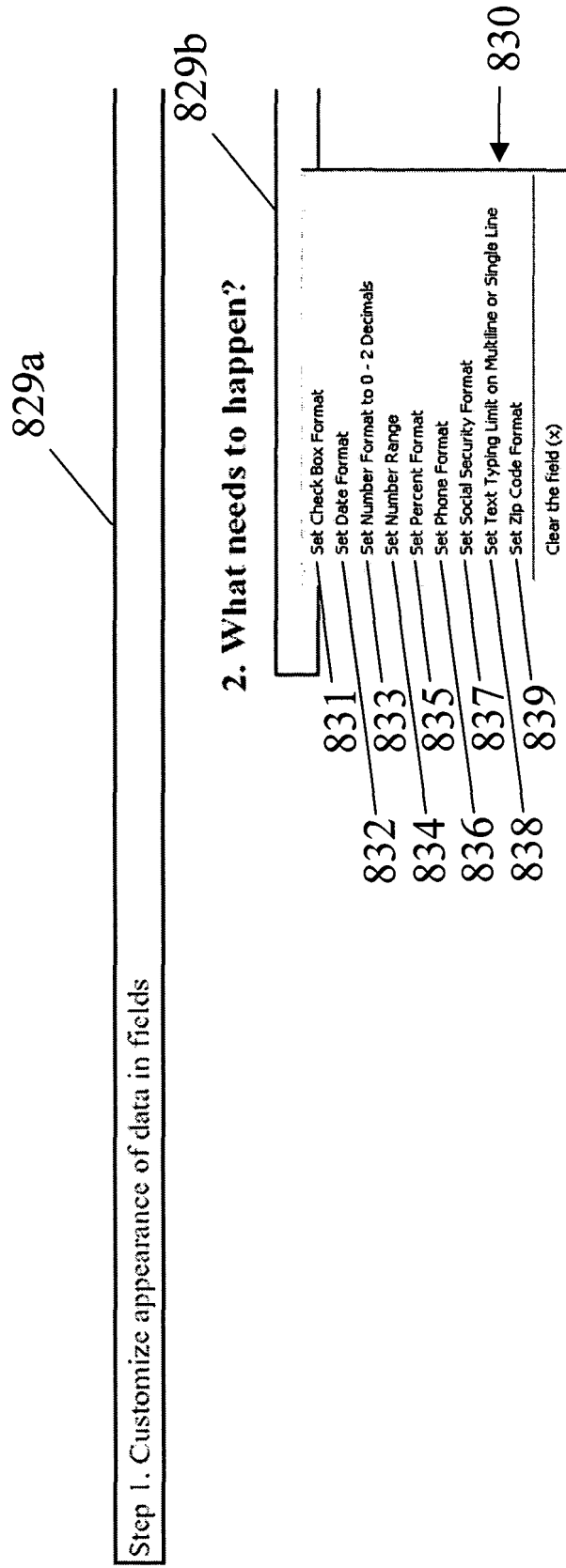


FIG. 47

840

Step 1. Customize appearance of data in fields

2. What needs to happen?

Set Check Box Format

Select CheckBox Fields

Purpose1

Purpose2
Purpose3
Purpose4
Purpose5
Purpose6
Purpose7
Purpose8
Purpose9
Clear the field (x)
Erase Last Choice (z)

Set Check Style to

Star
Check
Cross
Diamond
Circle
Star
Square
Other
Clear the field (x)

Do it

843

842

841

FIG. 48

850

Step 1. Customize appearance of data in fields

2. What needs to happen?

Set Date Format

Select Date Fields

Team Mtg Date

Set Date Format to

1/2001
2/2/2002
Mar 3, 2003
Apr 4, 2004 Fri
May 5, 2005 Friday
June 6, 2006
July 7, 2007 Fri
August 8, 2008 Friday
Other

851

FIG. 49

860

Step 2. Define Choices Lists

Optional: Build a Choices List

Schools

aka ChoicesList02

Meeting Reasons

Schools

Gender

Click to Name ChoicesList 04

Click to Name ChoicesList 05

Click to Name ChoicesList 06

Click to Name ChoicesList 07

Click to Name ChoicesList 08

Add or Modify List

Sort Choices Lists

Clear All Choices

Boulder High

Cherry Creek Elementary

Arapaho Middle

Rocky Mountain High

Do it

Choices Description (to Display in Popup)

Cherry Creek Elementary

Choices Value (The result that saves to the field)

School 23

Add or Modify Choice

Sort Choices

Delete Choice

FIG. 50

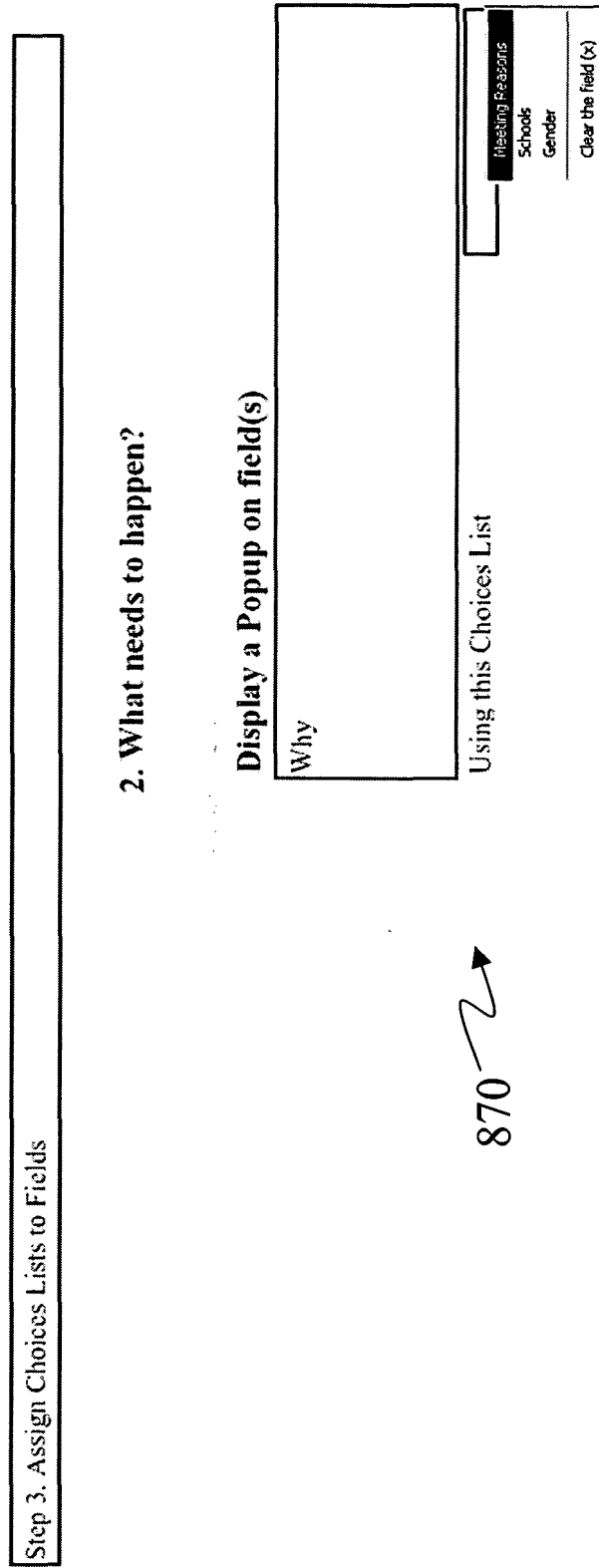


FIG. 51

Step 4. Create help, warning or error messages

880

883

Select a message below to modify

Team Meeting Message aka Rule02

Update Rule Name

Clear All Rules

Purpose Of Meeting

Team Meeting Message

Click to Name Rule 03

Click to Name Rule 04

Click to Name Rule 05

Click to Name Rule 06

881

Choose fields to apply the message to

Save

Attach message to field(s)

Hearing Left

When to fire business logic

Message Part 1

Field or Calculation Result

Insert Value

Message Part 2

Field or Calculation Result

Insert Value

Message Part 3

Field or Calculation Result

Insert Value

Validate

Meeting on

Field

Purpose1

complete by

Field

Team Mtg Date

882

FIG. 52

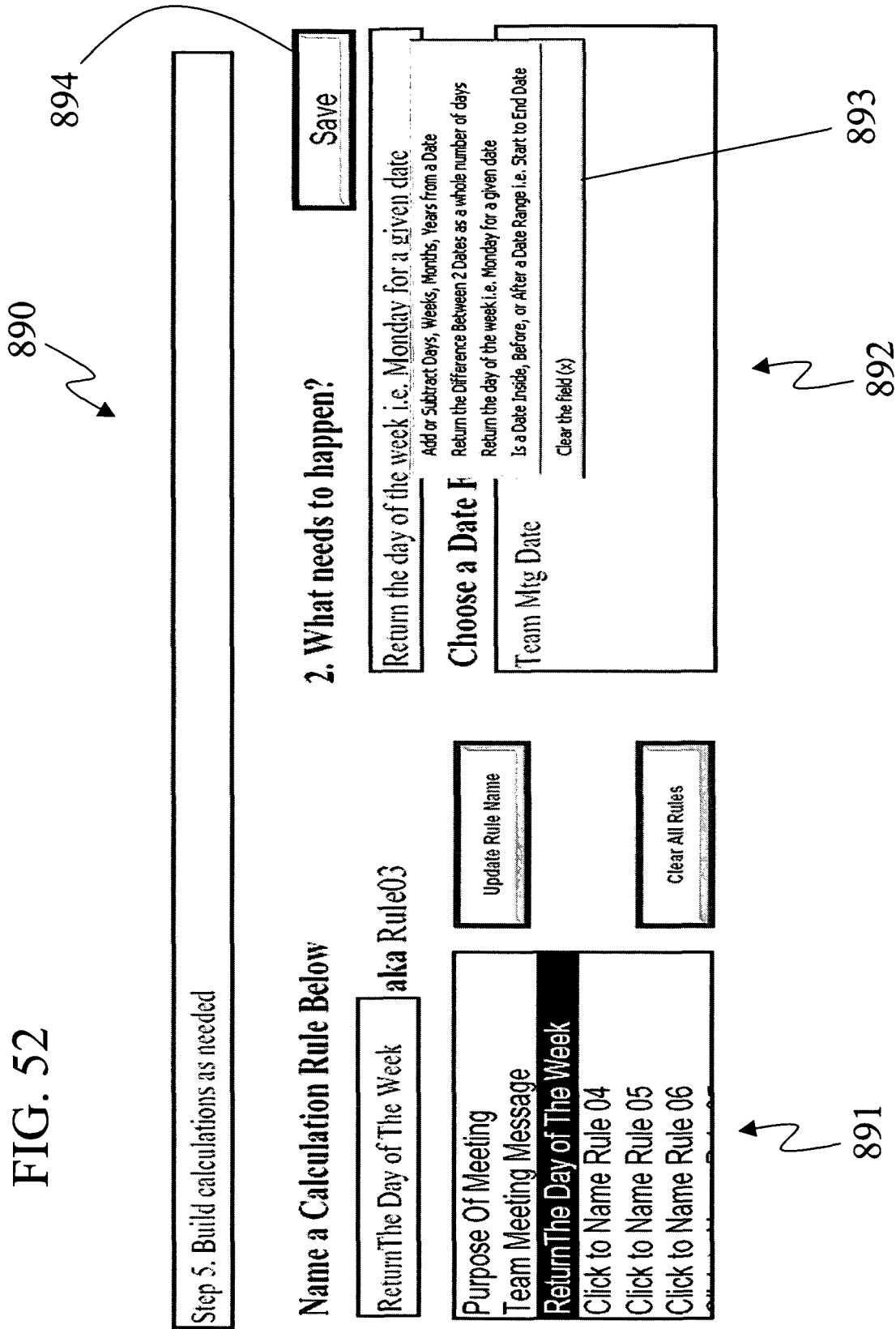


FIG. 53

900

902

Step 6. Define a Business Rule - (When to enforce compliance)

2. What needs to happen?

1 Field Controls itself and a target group of fields

Group to change

Address, City State Zip

Purpose: I

Invitation required

required

Visible same

optional

Visible same

901

Document All Fields

Clear Documentation

Auto Create Field Labels

Get Tables

Export Documentation

Purpose Of Meeting

aka Rule01

Update Rule Name

Clear All Rules

Purpose Of Meeting

Team Meeting Message

Return The Day of The Week

Click to Name Rule 04

Click to Name Rule 05

Click to Name Rule 06

3. When is it used?

When the checkbox Health Care1 is Checked Rule is Done

aka

Condition01

Checked

Rule is Done

Define Business logic

Add or Modify Condition

When the checkbox Health Care1 is Checked Rule is Done

Click to Name Condition 02

Click to Name Condition 03

Click to Name Condition 04

Click to Name Condition 05

Click to Name Condition 06

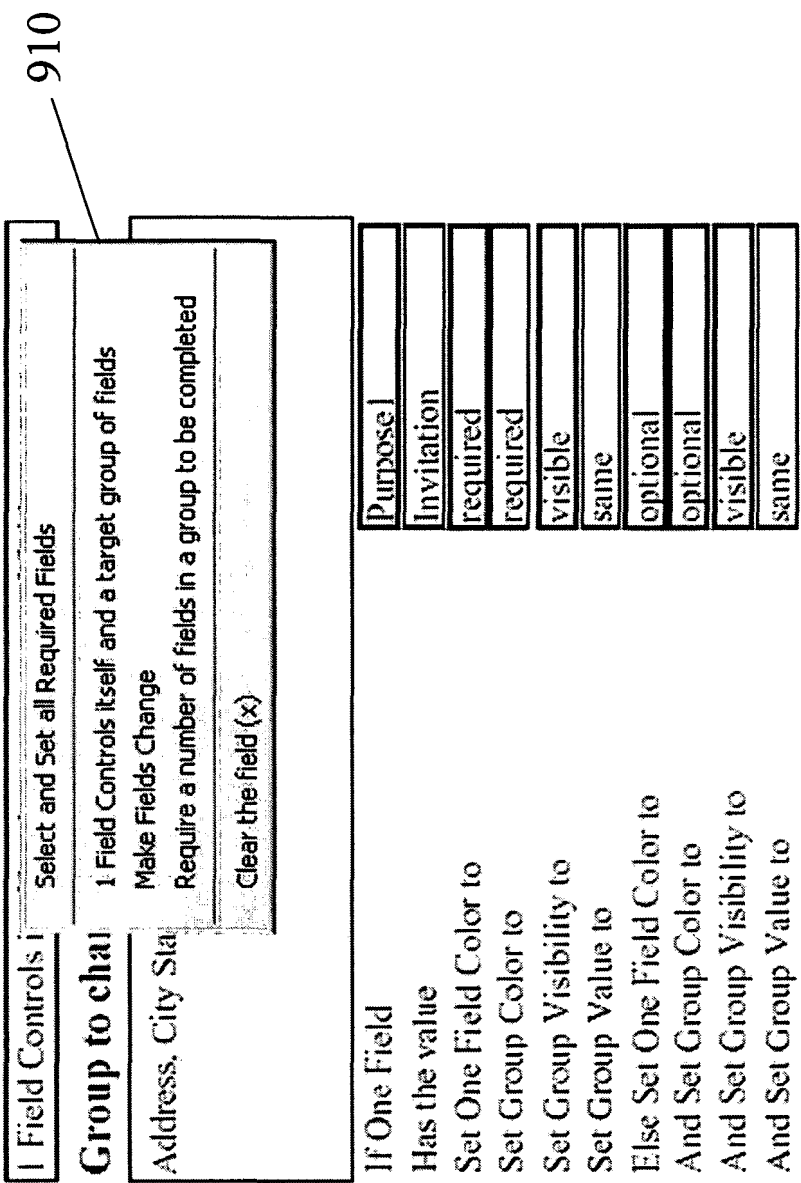
Automatic Specification Documentation

Group to change Address, City State Zip. If Control Field Purpose1 has the value Invitation Set Control Color to required Set Group Color to required Set Group Visibility to visible Set Group Value to same Else Set Control Color to optional And Set

902

FIG. 54

2. What needs to happen?



Purpose
Invitation
required
required
visible
same
optional
optional
visible
same

FIG. 55

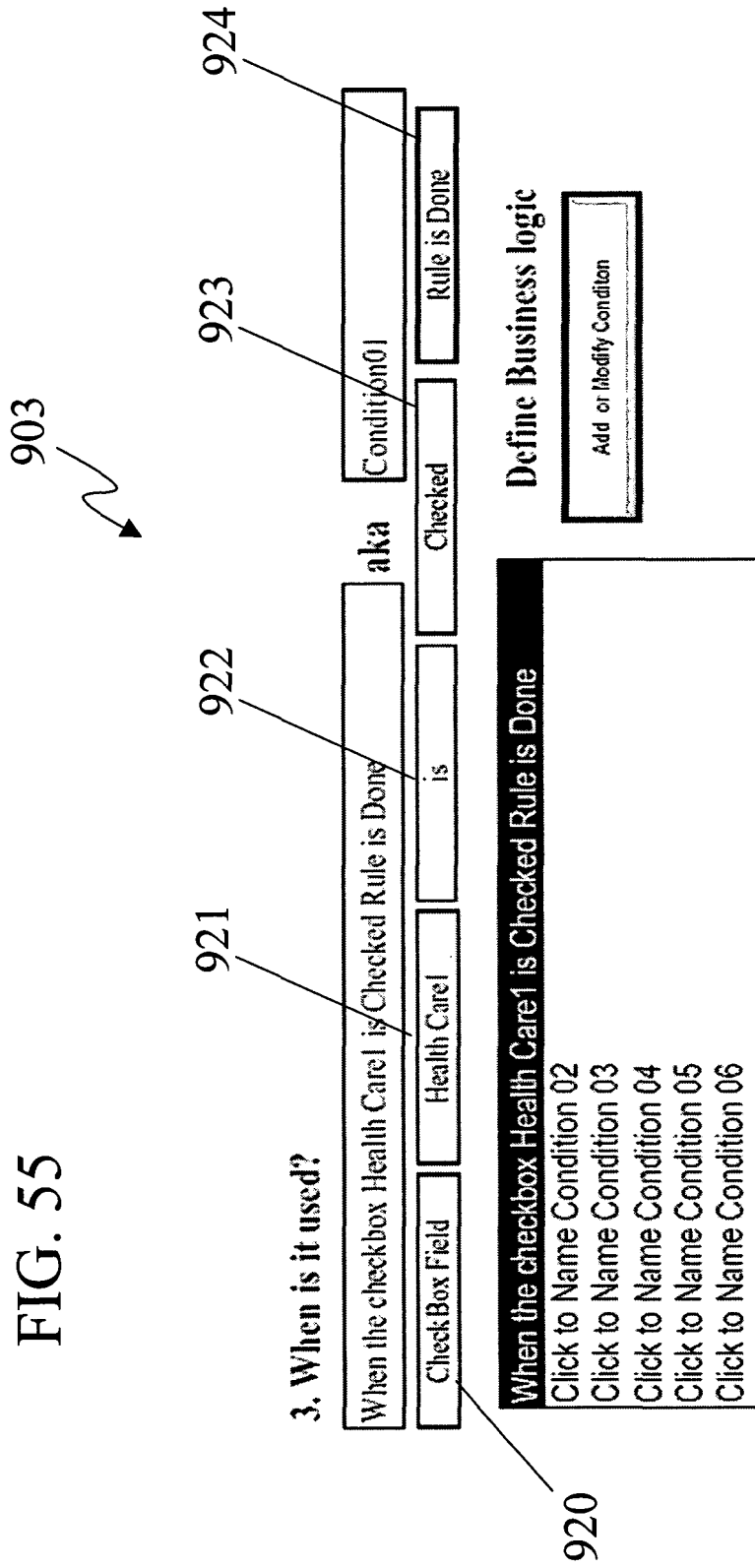


FIG. 56

904

930

Automatic Specification Documentation

Group to change Address, City State Zip. If Control Field Purpose I has the value Invitation Set Control Color to required Set Group Color to required Set Group Visibility to visible Set Group Value to same Else Set Control Color to optional And Set Group Color to optional And Set Group Visibility to visible And Set Group Value to same

Javascript Created

ObjectControls(TargetObjectArrayOrPrefix:

```
[ostrAddress,ostrCityStateZip],ControllingField:ochkPurposeI,TheControlValue:"Invitation",ControlColorIfTrue:"required",TargetColorIfTrue:"required",TargetDisplayIfTrue:"visible",TargetValueIfTrue:"same",ControlColorIfFalse:"optional",TargetColorIfFalse:"visible",TargetValueIfFalse:"same"])
```

931

FIG. 57

940

Step 7. Export Documentation

942

■ color as completed.

Document All Fields
Clear Documentation

Auto Create Field Labels
Get Tables

Export Documentation

941

FIG. 58

Microsoft Excel - David's Spreadsheet (Read Only)

Type a question for help

10:10 PM

FileEditViewInsertFormatToolsDataWindowHelp

QZASWXY1234567890+-*/<>~`

FIG. 59

<div style="display: flex; justify-content: space-between;"> Date: <input style="width: 150px;" type="text"/> 2002 </div> <div style="border: 2px solid black; padding: 2px; font-weight: bold; margin-top: 5px;"> PRIOR WRITTEN NOTICE TO PARENTS </div>	
<p>This is to notify you of the district's action regarding <input style="width: 100px;" type="text"/> educational program.</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p>1. Description of the action:</p> <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Refusal to initiate an evaluation <input type="checkbox"/> Initial evaluation <input type="checkbox"/> Reevaluation <input type="checkbox"/> Expedited evaluation <input type="checkbox"/> Change of placement <input type="checkbox"/> Graduation from high school <input type="checkbox"/> IEP Issues/meetings where the parent(s) disagree with the District <input type="checkbox"/> Due process hearing, or an expedited due process hearing, initiated by the district <input type="checkbox"/> Other (Describe action taken) <input style="width: 100px;" type="text"/> </div> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> X Help with Why 6/29/2003 </div> <div style="font-size: small;"> 4GL Type: Multi Line Text Default Color: Yellow Label: Why Multiline: Single Name: bdWhy Size: 101 Type: text Visibility: visible </div> </div> </div>
<p>2. An explanation of why the school district is taking the action: <input style="width: 100px;" type="text"/></p>	<p>rejected:</p>
<p>3. A description of any other options the school district considered <input style="width: 100px;" type="text"/></p>	

FIG. 60A

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
INVITATION	Modified day checkbox	X				
	Transition to school age checkbox	X			.1501 Q	
	Purpose -change in educational placement	X			.1507 E (2)	300.345 (B) (1) (i)
	Date	X		X		300.345
	Student Invitation	X	X		.1504 B (7)	300.345 (b) (2) (3)
	Time				.1507 E (1)&(2)	300.345(b)(1)(i)
	Location				.1507 E (2)	300.345(b)(1)(i)
	Attendees	X			.1504 B	300.344
						Appendix A # 7

FIG. 60B

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>		<u>FEDERAL REGISTER</u>
					<u>MANUAL</u>		
IEP DEC 4_1	IEP Duration Dates	X			.1507 C(7) & G(1)		300.347 (a) (6)
	Student's Disability				.1507 A		300.347 (a)
	# of Disabilities				.1501 A		300.7 (b) & (c)
	Specific Factors				.1507 B(2)		300.346 (a) (2)
	- student strengths				.1507 B(1)(a)		300.346 (a)(1)(i)
	- parent concerns				.1507 B(1)(a)		300.346 (a)(1)(i)
	- behaviors impede	X	X		.1507 B(2)(a)		300.346 (a)(2)(i) 300.346 (c)
	- limited English			X	.1507 B(2)(b)		300.346 (a)(2)(ii)
	- use of Braille				.1507 B(2)(c)		300.346 (a)(2)(iii)
	- communication needs	X	X		.1507 B(2)(d)		300.346 (a)(2)(iv)
	- deaf or hard of hearing	X		X	.1507 B(2)(d)		300.346 (a)(2)(iv)
	- assistive technology	X	X		.1507 B(2)(e)		300.346 (a)(2)(v)

FIG. 60C

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	Other Factors					
	- Adaptive Physical Education	X		X	.1501 B	300.307
	- 17 and informed of rights	X		X	.1512 R	300.347(c)
	- Transition	X		X	.1507 C(8) & (9)	300.347 (b)
DEC 4 Attachment	Special Factors to Be Considered For a Student Who is Deaf or Hard of Hearing	X			.1507 B(2)(d)	300.346 (a)(2)(iv)
	- language and communications skills				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- opportunities for direct communication with peers and professional personnel in the student's language communication mode				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- academic levels				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- full range of needs, including direct instruction in the student's language and communication mode				.1507 B(2)(d)	300.346 (a)(2)(iv)
DEC 4_2	Present Level of Performance					
	Specific Need		X		.1507 C(1)	300.347 (a)(1)
	Annual Goal				.1507 C(2)	300.347 (a)(2)
	Objectives/Benchmarks	X	X		.1507 C(2)	300.347 (a)(2)
	Measures of Progress	X	X		.1507 (12)(a)	300.347 (a)(7)(i)

FIG. 60D

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>		<u>FEDERAL REGISTER</u>
					<u>MANUAL</u>		
DEC 4 _3	Appropriate supplementary aids1507 C(3)		300.347 (a)(3)
	Regular Program Participation				.1507 C(3)(b)		300.347 (a)(3)(ii)
	Testing Program	X	X		.1507 C(5) & (6)		300.347(a)(5)(i)(ii)
DEC 4 _4	Anticipated Frequency and Location of Special Education and Related Services				.1507 C(7)		300.347 (a)(6)
	- related services	X			.1501 L		300.24
	Change in Placement checkbox	X					
	Modified Day checkbox	X					
	4 Period HS checkbox	X					
	Continuum of Alternative Placements	X	X	X	.1510 D		300.551
	The extent the student will be removed from regular peers				.1507 C(4)		300.347(a)(4) Appendix A #1

FIG. 60E

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	How and When parents will be informed of student's progress toward annual goals	X	X		.1507 (12)(b)	300.347(a)(7)(ii)
	ESY	X		X	.1507 D	300.309
	IEP Team Signatures	X		X	.1504 B	300.344
Transition	14+ years =statement	X	X		.1507 Q(8)	300.347(b)(1)
	16+ years = plan	X	X		.1507 Q(9)	300.347(b)(2)

FIG. 60F

FORM	FORM NAME / FIELD	Automated Compliance	WS/FCS	NC Page Directions	STATE PROCEDURES MANUAL	FEDERAL REGISTER
Transition page 1	Transition Statement					
	Present level of Performance for Transition (preferences and interest)				.1501 P	300.29
	Where and how info was obtained		X			
	Desired Post-School Outcomes				.1501 P	300.29
Transition Page 2	Standard Course of Study				.1501 P	300.29
	Transition Plan (combined w/page 1)					
	Instruction				.1501 P	300.29
	Employment Functional Vocational Evaluation				.1501 P	300.29
BIP	Community Experiences				.1501 P	300.29
	Daily Living Skills/Adult Living				.1501 P	300.29
	Related Services				.1501 P	300.29
	- yes/no fields for each area		X			
BIP	- services needed for each area				.1507 C(8)	300.347(b)(1)
	- agency responsible for each area				.1507 C(9)	300.347(b)(2)
	Behavior Intervention Plan	X			.1507 B(2)(a) .1516 D(2)	300.346 (c) Appendix A #38
PK Dec 4_3	For preschool children describe how the child is involved in a regular program:			X		300.347(a)(1)(ii) &(a)(2)(i)
	Anticipated Frequency and Location of Time...				.1507 C(7)	300.347(a)(6)
	Continuum of Alternative Placements				.1510 F	300.551
	The extent to which the student will be removed from regular peers, if any.				.1507 C(4)	300.347(a)(4) Appendix A #1

FIG. 60G

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WSFCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
PK DEC 4_4	How and When parents will be informed of student's progress and annual goals	X	X		1507 C(12)(b)	300.347(a)(7)(ii)
	ESY	X		X	1507 D	300.306
WSFCS' Progress Report RE 1	IEP Team Signatures	X		X	1506 B	300.344
	Progress Report	X			1507 C(12) (b)	300.347(a)(7)(ii)
	Parent Contact Record Classroom Observation			X	BED 1506 D(1)(a)(v)(ii) LD 1506 D 8(b)(X)(ii)	
	Attendance/Grades Previous Testing Health Screening Vision/Hearing Screening			X	BED 1506 D(1)(a)(v)(vii) LD 1506 D 8(b)(v)(vii)	
	Intervention Strategies			X	BED 1506 D(1)(a)(i) LD 1506 D 8(b)(i)	
RE 1(c)	Referral Committee Decision Referral Committee Members			X	BED 1506 D(1)(b)(i)(ii)(a)	

FIG. 60H

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
RE 2	Parental Notification of Screening Procedures			X	.1501 M	
RE 2(a)	Parent Consent for Individual Screening(s)		X			
DEC 1 page 1&2 and PK DEC 1 page 1&2	Reason for Referral Strengths Needs	X			.1503	
	Referral Received Date	X		X	.1505 F(3)	
DEC 1_3 and PK DEC 1_3	Referral Committee Decision			X		
DEC 2	Consent for Evaluation/Reevaluation		X		.1505 A .1512 C(2) .1506 E	300.505
	Description of evaluation procedures Parent Absent button				.1505 A (1)	300.500(b)(1)(i)
		X				
DEC 3/RAT	Report for Additional Testing / Reevaluation Review		X		.1506 A & B	

FIG. 60I

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>	
					<u>MANUAL</u>	<u>FEDERAL REGISTER</u>
DEC 3 and PK DEC 3	Summary of Evaluation Results And Eligibility Determination Under Check Purpose				.1505 F(2)	300.534
	Initial Evaluation	X				
	- Suspected Category	X			.1505 E	
	Reevaluation	X	X			
	- Suspected Category	X	X			
	Change in Category	X				
	- Suspected Category	X			.1505 E	
	- Current Category	X	X			
	Exit SLI (Articulation)					

FIG. 60J

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	Related Service	X				
	Additional Assessment	X	X			
	Exit PT, OT, Artic.	X				
	Eligibility Statement	X				300.535
DEC 3 (a)	Eligibility Report/Specific Learning Disabilities				.1505 D(8)(d)(e)	300.543
	Ability Achievement Discrepancy	X			.1505 D(8)(c)(iii)	
	Information Processing				.1505 D(8)(e)(iii)a	300.543 (a)(4)
	Substantial Learning Difficulties				.1505 D(8)(e)(iii)c	300.543 (a)(6)
	Relevant Medical Findings				.1505 D(8)(e)(iii)b	300.543 (a)(5)
	Effects of environmental, cultural, or economic disadvantage.				.1505 D(8)(e)(iii)e	300.543 (a)(7)
	Relevant Behaviors noted during observation			X	.1505 D(8)(e)(iii)a	300.543 (a)(3)
	Does the student have a learning disability?				.1505 D(8)(e)(iii)f	300.543 (a)(1)

FIG. 60K

FORM	FORM NAME / FIELD	Automated Compliance	WS/FCS	NC Page Directions	STATE PROCEDURES MANUAL	FEDERAL REGISTER
DEC 3 (b)	Eligibility Report/Behaviorally Emotionally Disabled				.1501 A(2)	300.7(c)(4)
	A student must show evidence of one or more of the following characteristics of the Definition of BED....					
	A student must meet all 5 criteria listed below in order to1505 D(1)(d)	
DEC 3 (c)	Eligibility Report/Other Health Impaired				.1501 A(8)	300.7(c)(9)
	Strength/Vitality/Alertness				.1501 A(8)	300.7(c)(9)
	Behaviors adversely affecting educational performance				.1501 A(8)	300.7(c)(9)(ii)
DEC 5	Prior Written Notice				.1512 D	300.503
	Description of the action proposed				.1512 D (1) (a)	300.503 (b)(1)
	Explanation of the action proposed				.1512 D (1)(b)	300.503 (b)(2)
	Options rejected				.1512 D (1)(c)	300.503 (b)(3)
	Description of evaluations and other relevant factors				.1512 D (1)(d)(e)	300.503 (b)(4)&(5)
	Sources for parents to contact				.1512 D (1)(f)	300.503 (b)(6)
DEC 6	Consent For Initial Placement For Special Education Services				.1512 D (1)(f)	300.503 (b)(7)
	Parent Absent button	X			.1512 C(2)	300.505
DEC 7	Reevaluation Determination Form				.1506	300.533
	Review of existing evaluation data				.1506 A	300.533 (a)(1)
	Summary of evaluations provided by parent				.1506 A(1)	300.533 (a)(1)(i)
	Summary of classroom assessments and observations				.1506 A(2)	300.533 (a)(1)(ii)
	Summary of observations by teachers and service providers				.1506 A(3)	300.533 (a)(1)(iii)
	Is additional data needed to determine:					
	- If the student continues to have a disability				.1506	300.533 (a)(2)(i)

FIG. 60L

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	- Present levels of performance and needs				.1506	300.533 (a)(2)(ii)
	- Continued need for special education				.1506 C	300.533 (a)(2)(iii)
	- additions or modifications to special education				.1506	300.533 (a)(2)(iv)
	Determination of need for additional assessment				.1506 D	300.533(c)(d)
FBA	Parent Request for additional assessment				.1506 E	300.533(d)(2)
	Functional Behavior Assessment				.1516 D(2)	300.520(b)(1)
	Manifestation Determination Worksheet				.1516 F & G	300.523 300.524
	Questions for Discussion				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
MDW	- IEP w as appropriate				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Placement w as appropriate				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Supplemental aids and related services w ere provided				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Appropriate BIP w as implemented				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Student's disability did not impair the ability to understand consequences of the behavior				.1516 F(4)(b)(ii)	300.523 (c)(2)(ii)
	- Student's disability did not impair the ability to control the behavior				.1516 F(4)(b)(iii)	300.523 (c) (2) (iii)
	- Misconduct is Not a Manifestation				.1516 G	300.524 (a)
	- Misconduct is a Manifestation				.1516 F	300.523 (d)